



**Orange County Division of Building Safety**  
 201 South Rosalind Avenue  
**Reply To:** Post Office Box 2687 • Orlando, Florida 32802-2687  
**Phone:** 407-836-5550  
 www.ocfl.net/building

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Building Permit Number

## APPLICATION FOR BUILDING/LAND USE PERMIT\*

\* All Applications Must Comply with Concurrency Requirements

**WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**

**PLEASE PRINT:**

The undersigned hereby applies for a permit to make building improvements as indicated below on property.

**Project Address:** \_\_\_\_\_  
 (Must match address on plans)

Suite/Unit #: \_\_\_\_\_ Bldg #: \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Parcel ID Number: Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Subdivision \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_  
 (15 Digit Parcel ID Number & Legal Description must be on plans)

**Owner Name:** \_\_\_\_\_ **Phone No.:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Architect Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Civil Engineer Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Nature of Proposed Improvements:** \_\_\_\_\_

\_\_\_\_\_

Demolition Permit #: \_\_\_\_\_ Site Work Permit #: \_\_\_\_\_

**PROPERTY ON**  **SEWER** or  **SEPTIC**

**Permit valuation areater than \$2500 requires a notarized Page 2. and Notice of Commencement prior to the first inspection.**

Is Notice of Commencement Recorded?  Yes  No

If there were comments on this project, how would you like to receive them?

Pick them up  E-Mail (Customer shall access Web Page)

Is proposed work in response to a Notice of Code Violation written by an Orange County Inspector?  Yes  No

Is proposed work in response to an unsafe abatement notice?  Yes  No

Has project had a pre-review?  Yes  No If Yes, Commercial Plans Examiner(s): \_\_\_\_\_

Is building fire sprinklered?  Yes  No

Detached Garage?  Yes  No **Valuation for Detached Garage Only: \$** \_\_\_\_\_

Required work:  Plumbing  Electrical  Mechanical  Gas  Roofing  None

**Alterations Only:**

Is this a new tenant?  Yes  No If yes, state previous use: \_\_\_\_\_

Intended use of space: \_\_\_\_\_

List use of adjoining tenant space(s): Side: \_\_\_\_\_ Above: \_\_\_\_\_

Rear: \_\_\_\_\_ Side: \_\_\_\_\_ Below: \_\_\_\_\_

**Total Job Valuation: \$** \_\_\_\_\_

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

**PLEASE PRINT:** (Check one) Owner:  Contractor:

Name of License Holder/Agent: \_\_\_\_\_

Contractor License Number (if applicable): \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number \_\_\_\_\_

## Permit Application Information - Page Two

Permit Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_

Fee Simple Titleholder's Address (If other than owner's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Contractor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Name \_\_\_\_\_

Job Address \_\_\_\_\_ SUITE/UNIT \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bonding Company Name \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

**OWNER'S AFFIDAVIT:** *I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.* \_\_\_\_\_

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Owner Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ / \_\_\_ / \_\_\_  
by \_\_\_\_\_ who is personally known to me  
and who produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who  
did not take an oath.

**Notary as to Owner** \_\_\_\_\_

Commission No. \_\_\_\_\_  
State of FL. County of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(SEAL)

Contractor Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ / \_\_\_ / \_\_\_  
by \_\_\_\_\_ who is personally known to me  
and who produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who  
did not take an oath.

**Notary as to Contractor** \_\_\_\_\_

Commission No. \_\_\_\_\_  
State of FL. County of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(SEAL)

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